## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Timothy O. Wilkerson
II. Name of lobbyist's partnership, firm or corporation, if any:
New England Cable + Telecommunications Assoc, Inc. (Name of partnership, firm or corporation)
10 Forbes Rad #440W Brainfree MA 02184 Business Address: (Street) (Town/City) (State) (Zip Code)
(781) 843-3418 (781) 849-6267 e-mail twilkersone, nectain
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
New England Cable + Telecon munications Assoc, Inc.  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017   Suly 26, 2017   Suly 26, 2017   Activity from date of registration to 3/31/17   Activity from 4/1/17 to 6/30/17
October 25, 2017   January 31, 2018   activity from 7/1/17 to 9/30/17   activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
(Print Name of lobbyist)

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Timothy O. Wilkerson	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New England Cable + Telecommunic (Name of partnership, firm or corporation)	ations Assoc., Inc
III. Name of Client Same	Date 1 018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 10, 467.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>10,683,00</u>
c) Total of all fees received to date (Add lines a and b)	c)\$ 21,150,00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$ -O-

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$O ^
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
<u> </u>	\$ <u>-0-</u>
	\$
	\$
	\$
	\$
	\$
	·
	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Esp. Lul	1/29/2018
(Signature of løbbyist)	(Date)
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Incom-	and Expanses for		gland Cable	
Name of Lobbying par	tnership, firm, or corpo	oration: Telecomy	gland Cable. Nunications Assoc.,	Inc
			corporation and not related to	
particular client):				
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🔯	
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, the submitted with the	ne Statement of Income a at Statement (insert the n	nd Expenses described above, number of Addendum forms b	, and eing
Addendum A(s	s).			
Addendum B(s	).			
Addendum C(s	).			
(Signature of lobbyist)	my knowledge and bel		nt and each Addendum is true    20   20   8  (Date)	and
(Print Name of lobbyist	9		55000	

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JAN 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE